



Health Check Enrollment Waiver Form Instructions

There are Medicaid Providers that are interested in **enrolling** in GBHC but will not benefit from enrolling in Health Check. In accordance with Georgia Better Health Care (GBHC) Policy and Procedure, Chapter 600, Sections 602, a current GBHC provider may not use this form to terminate from Health Check /VFC Program. If a Medicaid Provider elects to have a Waiver of Enrollment in the Health Check program, he must meet all three criteria indicated on the form.

Section 1:

Check the box affirming that the Primary Care Provider (PCP) does not provide any Immunizations / Health Check screens to assigned members.

Section 2:

Indicate a Health Check provider with whom you have an established referral agreement to provide Health Check services. The provider must be within 10 miles (60 minutes) in urban areas and 15 miles (30 minutes) in rural areas. The form must contain the providers Full Name, complete Physical Address, Phone Number, and Reference ID Number. The Reference ID number can be obtained from the provider or the GHP Web Portal (www.ghp.georgia.gov) under "Find A Health Care Resource." **(Medicaid ID number is not accepted.)**

Section 3:

Check the box affirming that the PCP panel has less than 10 eligible children under the age of three years old (3 y/o)

The enrolling provider must completely sign and date the attestation section of the form. An Authorized Signature is ONLY valid for enrolling providers that will be submitting claims under the facility Medicaid ID Number (i.e. Rural Health Center.) This section must also include the signers title and the Medicaid ID Number (or Confirmation Number) of the enrolling provider.



Health Check Enrollment Waiver Form
~Opting Out of Health Check~

There are Medicaid Providers that are interested in enrolling in GBHC but will not benefit from enrolling in Health Check. If a Medicaid Provider elects to have a Waiver of Enrollment in the Health Check program, he must meet all three criteria below and submit the completed form to DCH:

- ☐ Primary Care Provider (PCP) does not provide any Immunizations/Health Check screens to assigned members.
- ☐ There is an actively enrolled Medicaid Immunization/Health Check practitioner or Medical Facility less than:
- ☐ 10 miles or 60 minutes (for urban areas) from the PCP office

Name of Practitioner / Facility

Physical Address of Facility

Phone Number

Reference ID Number for Provider (See the GHP Web Portal)

-or-

- ☐ 15 miles or 30 minutes (for rural areas) from the PCP office

Name of Practitioner / Facility

Physical Address of Facility

Phone Number

Reference ID Number for Provider (See the GHP Web Portal)

- ☐ PCP panel has less than 10 eligible children under the age of three years old (3 yo)

The information supplied in this document is true, accurate and complete and is hereby released to the Georgia Department of Community Health, Division of Medical Assistance for the purpose of waiving enrollment in the Health Check program. I understand that falsification, omission or misrepresentation of any information in this enrollment document will result in a denial of enrollment in Georgia Better Health Care, the closure of current enrollment, and the denial of future enrollment request, and may be punishable by criminal, civil or other administrative actions. I understand that my completion of this form certifies that I do not meet the criteria to enroll in the Health Check program.

Provider Signature (Authorized signature for facilities)

Date

Provider Title

Provider/Confirmation Number

Official Use Only

☐ Approved

☐ Denied

Signature: _____

Date: _____